

**DEPARTMENT OF HUMAN SERVICES  
AGING AND PEOPLE WITH DISABILITIES  
OREGON ADMINISTRATIVE RULES**

**CHAPTER 411  
DIVISION 35**

**K-State Plan Ancillary Services**

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**411-035-0000 Purpose** *(Amended 10/1/2019)*

(1) These rules ensure individuals served by the Department of Human Services, Aging and People with Disabilities program have equal access to required and optional K-State Plan services that are not defined in other rules in OAR chapter 411. The services in these rules are intended to assist and empower an eligible individual to maximize their independence, dignity, and human potential through the provision of flexible, efficient, and suitable services.

(2) Services described in these rules include:

(a) Backup Systems and Assistive Technology.

(b) Chore Services.

(c) Environmental Modification Services.

(d) Transition Services.

(e) Voluntary Consumer Training.

(3) Payments for the services in these rules are limited to the lowest possible cost which will adequately meet the individual's minimum necessary needs.

Stat. Auth.: [ORS 410.070](#)

Stats. Implemented: [ORS 409.050](#), [410.040](#), [410.090](#), [410.210 - 410.300](#), [441.520](#)

## **411-035-0010 Definitions** *(Amended 10/1/2019)*

Unless the context indicates otherwise, the following definitions apply to the rules in [OAR chapter 411, division 035](#):

- (1) "Activities of Daily Living (ADL)" mean those personal, functional activities required by an individual for continued well-being, which are essential for health and safety. Activities include eating, dressing and grooming, bathing and personal hygiene, mobility, elimination, and cognition as defined in [OAR 411-015-0006](#).
- (2) "Aging and People with Disabilities (APD)" refers to the program within the Department of Human Services primarily responsible for service seniors and people with disabilities.
- (3) "Alert Systems" means a unit that is worn by the individual or is located in the individual's home for the purpose of generating notification that an emergency has or may occur.
- (4) "Area Agency on Aging (AAA)" means the Department designated agency charged with the responsibility to provide a comprehensive and coordinated system of services to older adults or individuals with disabilities in a planning and service area. The term Area Agency on Aging is inclusive of both Type A and Type B Area Agencies on Aging as defined in [ORS 410.040](#) and described in [ORS 410.210 to 410.300](#).
- (5) "Assistive Technology" means equipment that provides additional security and support to an individual and replaces the need for human interventions. Assistive technologies enable an individual to self-direct their care and maximize their independence.
- (6) "Back-up systems" mean devices, which secure help in emergencies, safety in the community, or are other reminders that help an individual with activities, including, but not limited to, medication management, eating, or other types of monitoring.
- (7) "Case Manager" means an employee of the Department or AAA who assesses the service needs of an individual, determines eligibility, and offers service choices to the eligible individual. The case manager

authorizes and implements an individual's service plan, and monitors the services delivered as described in [OAR chapter 411, division 028](#).

(8) "Central Office" means the unit within the Department responsible for program and policy development and oversight.

(9) "Chore Services" means specific services intended to ensure the individual's home is safe and allows for independent living.

(10) "Consumer" or "Consumer-Employer" means the person applying for or eligible for Medicaid home or community-based services.

(11) "Cost Effective" means being responsible and accountable with Department resources by offering less costly alternatives when providing choices that adequately meet an individual's service needs. Less costly alternatives include resources not paid for by the Department, other programs available from the Department, the utilization of assistive devices, natural supports, architectural modifications, and alternative service resources (defined in [OAR 411-015-0005](#)).

(12) "Department" means the Department of Human Services (DHS).

(13) "Durable Medical Equipment" means an apparatus, such as a walker, which is primarily used to serve a medical purpose and is appropriate to use in the individual's home.

(14) "Environmental Modifications" means the changes made to adapt living spaces to meet specific service needs of eligible individuals with physical limitations to maintain their health, safety, and independence.

(15) "Exception" means the individual has service needs above the limits described in these rules, and documented in the assessment and service plan that warrant an exception for payment.

(16) "Individual" means a person 65 or older, or an adult with a physical disability, applying for or eligible for services.

(17) "In-Home Services" mean the activities of daily living and instrumental activities of daily living that assist an individual to stay in his or her own home or the home of a relative.

(18) "Instrumental Activities of Daily Living (IADL)" means those activities other than the activities of daily living, required by an individual to continue independent living. The definitions and parameters for assessing needs in IADL are identified in [OAR 411-015-0007](#).

(19) "Long-Term Care" means the Medicaid system through which the Department provides nursing facility, community-based, and in-home services to eligible adults who are aged, blind, or have physical disabilities.

(20) "Medication Reminders" are devices used for the purpose of prompting an individual to take their medication.

(21) "Natural Supports" means resources and supports (e.g. relatives, friends, neighbors, significant others, roommates, or the community) who are willing to voluntarily provide services to an individual without the expectation of compensation. Natural supports are identified in collaboration with the individual and the potential "natural support". The natural support is required to have the skills, knowledge, and ability to provide the needed services and supports.

(22) "Person-centered Assessment and Service Plans" means:

(a) A process, either formal or informal, for gathering and organizing information that helps an individual:

(A) Determine and describe choices about personal goals, activities, and lifestyle preferences;

(B) Design strategies and networks of support to achieve goals and a preferred lifestyle using individual strengths, relationships, and resources; and

(C) Identify, use, and strengthen naturally occurring opportunities for support at home and in the community.

(b) The methods for gathering information vary, but all are consistent with individual needs and preferences.

(23) "Personal Emergency Response Systems" mean a type of electronic back-up system that:

- (a) Secures help for individuals in an emergency;
- (b) Ensures a consumer's safety in the community; and
- (c) Includes other reminders that help an individual with their activities of daily living and instrumental activities of daily living.

(24) "Rate Schedule" means the rate schedule maintained by the Department in OAR 411-027-0170 and at <http://www.dhs.state.or.us/spd/tools/program/osip/rateschedule.pdf>.

(25) "Representative" means a person with longstanding involvement in assuring the individual's health, safety, and welfare that is appointed by an individual to participate in service planning on the individual's behalf. In all cases, unless the individual is incapable, the individual's consent is obtained before designating a representative on the individual's behalf. When feasible, the individual's authorization of a representative is made in writing or by another method that clearly indicates the individual's free choice. An individual's representative is not a paid provider to an individual receiving services and supports.

(26) "Service Need" means the assistance an individual requires from another person, or equipment that replaces the need for another person, for those functions or activities.

(27) "These Rules" mean the rules in OAR chapter 411, division 35.

(28) "Transition Services" means those services and supports necessary for an individual to transition from a nursing facility or the Oregon State Hospital to a community-based care or in-home setting.

(29) "Voluntary Consumer Training Services" means activities to empower and inform individuals receiving in-home services regarding their rights, role, and responsibilities as employers of care providers.

Stat. Auth.: [ORS 410.070](#)

Stats. Implemented: [ORS 409.050](#), [410.040](#), [410.090](#), [410.210 - 410.300](#), [441.520](#)

### **411-035-0015 Eligibility for Supplemental K State Plan Services**

*(Amended 10/01/2019)*

To be eligible for any Medicaid Supplemental K State Plan services defined in this division, consumers must:

- (1) Be eligible for Medicaid long term care services and supports as described in [OAR 411-015-0010 through 411-015-0100](#).
- (2) Not have natural supports or other services available in the community that would meet the identified need.
- (3) Not be eligible for the item through Medicare, other Medicaid programs, or other medical coverage.
- (4) Have an identified need in their person-centered service plan that:
  - (a) Supports the desires and goals of the consumer receiving services and increases a consumer's independence;
  - (b) Reduces a consumer's need for assistance from another person;  
or
  - (c) Maintains a consumer's health and safety.
- (5) Be provided the choice to accept or deny the service being offered.
- (6) Have a completed service assessment that reflects the current needs of the consumer.
- (7) To be considered an eligible request, when possible, three bids are required from providers. Consumers should work with their case manager to obtain bids. Bids may not include comparative pricing done through the internet. Bids are required for:
  - (a) Assistive Technology;



- (b) Chore Services;
- (c) Environmental Modifications; and
- (d) Transition Services - Moving Costs.

Stat. Auth.: [ORS 410.070](#)

Stats. Implemented: [ORS 409.050, 410.040, 410.090, 410.210 - 410.300, 441.520](#)

#### **411-035-0020 (Reserved)**

#### **411-035-0025 Eligibility for Consumer Electronic Back-up Systems and Assistive Technology** *(Amended 10/01/2019)*

(1) To be eligible for electronic back-up systems or mechanisms, a consumer must not be receiving community-based care in a licensed care setting.

(2) Electronic back-up systems and assistive technologies must be appropriate and cost effective to meet the service needs of the consumer and:

(a) For new equipment:

(A) Are limited to a maximum of \$5000 for purchasing of a device.

(B) All requests over \$500 must be approved by designated Central Office staff.

(C) Monthly rentals or lease fee limits are posted on the APD rate table.

(b) For repairs:

(A) Repair of purchased devices may be done if the repair is more cost effective than purchasing a new device.

(B) This may include electric wheelchair or scooter battery replacement if denied by Medicare or the Medicaid State Plan.

(C) Repairs of rented or leased equipment are the responsibility of the provider.

(c) Monthly maintenance, fees, or service charges are not included in the maximums described in (a) or (b).

(d) For Personal Emergency Response Systems (ERS):

(A) ERS services may include either basic ERS or enhanced ERS services and must be appropriate for the individual's needs.

(B) Monthly rentals or lease fee limits are posted on the APD rate table.

(e) For Assistive Technology: Expenditures over \$500 must be approved by designated Central Office staff.

Stat. Auth.: [ORS 410.070](#)

Stats. Implemented: [ORS 409.050, 410.040, 410.090, 410.210 - 410.300, 441.520](#)

**411-035-0030 Eligible Electronic Back-up Systems and Assistive Technology Services** *(Amended 10/01/2019)*

(1) Electronic Back-up Systems and Assistive Technology services must:

(a) Ensure continuity of services and support the health, welfare, and safety of the consumer;

(b) Enable the consumer to function with greater independence; or

(c) Substitute for human assistance.

(2) Electronic Back-up systems and supports may be allowed as long as the system sufficiently meets the need of the consumer being served.

(3) Consumers with an assessed need qualify for electronic back-up systems, including but not limited to:

- (a) Personal Emergency Response Systems;
- (b) Medication reminders;
- (c) Alert systems for ADL and IADL supports that increase an consumer's independence; and
- (d) Mechanisms, and any specialized or durable medical equipment, necessary to support the consumer's health or well-being.

(4) Consumers with an assessed need qualify for Assistive Technology including, but not limited to:

- (a) Motion sensors;
- (b) Sound sensors;
- (c) Two-way communication systems;
- (d) Automatic faucets;
- (e) Soap dispensers;
- (f) Toilet flushing sensors;
- (g) Incontinent sensors;
- (h) Fall sensors;
- (i) Lift chairs;
- (j) Transfer poles;
- (k) Wandering alerts; and
- (l) Other technology, which may be approved on a case-by-case basis with Central Office approval.

Stat. Auth.: [ORS 410.070](#)

Stats. Implemented: [ORS 409.050, 410.040, 410.090, 410.210 - 410.300, 441.520](#)

**411-035-0035 Provider Qualifications and Requirements for Electronic Back-up Systems and Assistive Technology** *(Amended 10/01/2019)*

(1) Companies providing back-up support or back-up systems must have a Medicaid provider number before providing services.

(2) No monetary funds shall be released for installation of electronic back-up systems or assistive technology to the provider until the work is finished and is functioning as expected.

(3) Payment for on-going electronic back-up systems or assistive technology must be paid to providers after the consumer receives the service each month.

(4) Upon delivery, providers must ensure:

(a) The product is functioning correctly;

(b) The product properly fits the consumer; and

(c) If applicable, the individual is given adequate instruction on the product's use.

(5) Providers must supply a revised bid when requested by designated Central Office staff.

(6) Providers must submit the final invoice for payment within one year of the date of service.

Stat. Auth.: [ORS 410.070](#)

Stats. Implemented: [ORS 409.050, 410.040, 410.090, 410.210 - 410.300, 441.520](#)

**411-035-0040 Eligibility Criteria for Chore Services** (Amended 10/01/2019)

(1) To be eligible for chore services, a consumer must not be receiving community-based care in a licensed care setting and must meet the requirements in [OAR 411-030-0033](#).

(2) An eligible consumer may receive chore services if any of the following are true:

(a) The consumer needs garbage pick-up and removal, or payment of previous garbage bills, to continue or resume receiving garbage services and to ensure the home is safe for the consumer and their service providers.

(b) The consumer's premises requires heavy cleaning to remove hazardous debris or dirt in the home to ensure the consumer's home is safe and allows for independent living.

(c) The consumer's premises requires the removal of outside debris (for example, trees, leaves, clutter) that endangers the structure of the home, the consumer's ability to traverse within the home, or to safely enter or exit the home.

(d) The services must be completed to enable the consumer to move from one residence to another and to establish services in the new home.

(3) If the service is done in a rental location, the service must be a service that is not required of the landlord under applicable landlord-tenant law.

(4) Chore services are not part of the consumer's on-going service plan. Once the chore service is complete, homecare workers may begin or continue ongoing housekeeping.

(5) Chore services must be appropriate and cost effective to meet the service need of the consumer.

(a) If feasible, three bids are required from companies or vendors who provide chore services. A bid is not comparative pricing through the Internet.

(b) Bids over \$500 require a state licensed contractor.

(6) The consumer must sign a written agreement to:

(a) Have a vendor clean their home;

(b) Remove hazardous debris; or

(c) To haul off agreed upon items that may pose a health and safety risk to the consumer or others.

Stat. Auth.: [ORS 410.070](#)

Stats. Implemented: [ORS 409.050, 410.040, 410.090, 410.210 - 410.300, 441.520](#)

**411-035-0045 Eligible Chore Services** *(Amended 10/01/2019)*

(1) Chore services are not housekeeping services and are not to be provided by homecare workers or in-home agencies.

(2) Chore services are intended to ensure the consumer's home is safe and allows for independent living.

(3) In order to ensure the consumer's home is safe, services may be authorized for, but not limited to:

(a) Heavy housecleaning to ensure the consumer and care providers can safely navigate in the home. This may include removal of hazardous debris or dirt from the home.

(b) Removal of yard hazards to ensure the outside of the home is safe for the consumer to enter and exit the home.

(4) Chore Services do not include:

- (a) Removal of debris that does not impede the consumer from:
- (A) Safely traversing within the home; or
  - (B) Entering or exiting the home safely.
- (b) Removing items that do not present a potential fire hazard that would endanger the consumer's health and safety.

Stat. Auth.: [ORS 410.070](#)

Stats. Implemented: [ORS 409.050, 410.040, 410.090, 410.210 - 410.300, 441.520](#)

**411-035-0050 Chore Service Provider Qualifications and Requirements** *(Amended 10/01/2019)*

- (1) Providers of chore services must have a distinct Medicaid provider number before the work begins.
- (2) No monetary funds shall be released to the provider until the work is finished and meets the specifications of the chore service agreement.
- (3) Providers must submit the final invoice for payment within one year of the date of service.
- (4) Providers must supply a revised bid when requested by designated Central Office staff.

Stat. Auth.: [ORS 410.070](#)

Stats. Implemented: [ORS 409.050, 410.040, 410.090, 410.210 - 410.300, 441.520](#)

**411-035-0055 Eligibility for Consumer Environmental Modifications** *(Amended 10/01/2019)*

- (1) To be eligible for environmental modifications, a consumer may not be receiving community-based care in a licensed care setting and must meet the requirements in [OAR 411-030-0033](#).

(2) If the consumer lives in a rental location, the consumer must have a written and signed agreement between the consumer receiving services and the owner or landlord of the rental property.

(a) The agreement must include:

(A) The scope of work provided;

(B) That the modification is permissible; and

(C) That the Department shall not restore the rental unit to its former condition.

(b) Environmental modifications in rental locations must not be for services that are required of the landlord under applicable landlord-tenant law.

(3) Environmental modifications are not part of the consumer's on-going service plan. Once the environmental modification is complete, those services shall cease. No reduction notice is required.

(4) Environmental modifications must be appropriate, cost effective, and meet the service need of the consumer.

(a) Environmental modifications are limited to \$5000 per environmental modification unless an exception is required per section (5) of this rule.

(b) If feasible, three bids are required from companies or vendors. A bid is not comparative pricing through the Internet.

(5) Exceptions to the \$5,000 limitation may be granted if the consumer has service needs that warrant an exception for payment and no alternative is available to meet the needs of the consumer.

(6) Upon completion of the requested and approved environmental modification, the Department is not responsible for restoring the home to its previous condition. This includes the completion of environmental modifications when the consumer claims to not be satisfied with the work completed by the provider.



Stat. Auth.: [ORS 410.070](#)

Stats. Implemented: [ORS 409.050, 410.040, 410.090, 410.210 - 410.300, 441.520](#)

**411-035-0060 Eligible Environmental Modification Services** (*Amended 10/01/2019*)

(1) Environmental modifications in the consumer's home must be:

- (a) To ensure the health, welfare and safety of the consumer.
- (b) To enable the consumer to function with greater independence.
- (c) To substitute for human assistance.

(2) Environmental modifications are not for home maintenance and home repairs that are otherwise considered the responsibility of the home owner or for the convenience of the care providers. Excluded environmental modifications include, but are not limited to:

- (a) Plumbing;
- (b) Roofs;
- (c) Appliances;
- (d) Electrical;
- (e) Heating and cooling;
- (f) Hot water tanks; or
- (g) Skylights and windows.

(3) Environmental modifications must be within the existing square footage of the home and must not add to the square footage of the home, except for external ramps needed to enter or exit the home.

(4) Consumers assessed with limitations in mobility, toileting, or bathing may qualify for installation or modification of items including, but not limited to:

- (a) Ramps to enhance their ability to traverse within the home or to enter or exit the exterior of their home;
- (b) Grab-bars;
- (c) Hand rails;
- (d) Electric door openers;
- (e) Widening of doorways when the door is too narrow for the consumer to enter or exit through the doorway with or without a wheelchair;
- (f) Door and cabinet handles for consumers having difficulty due to dexterity;
- (g) Bathroom facilities, such as a raised toilet;
- (h) Kitchen cabinets or sinks, such as lowering counters and sinks for wheelchair accessibility;
- (i) Non-skid surfaces; and
- (j) Overhead track systems to assist with lifting or transferring a consumer.

Stat. Auth.: [ORS 410.070](#)

Stats. Implemented: [ORS 409.050](#), [410.040](#), [410.090](#), [410.210 - 410.300](#), [441.520](#)

**411-035-0065 Environmental Modification Provider Qualifications and Requirements** *(Amended 10/01/2019)*

(1) Providers of the environmental modification must have a distinct Medicaid provider number before the work begins.

- (2) Modifications over \$500 must be completed by a state licensed contractor.
- (3) Modifications requiring a permit must be inspected and certified, by an inspector, to ensure compliance with local codes.
- (4) No material upgrades or supplemental payments to the provider are allowed by landlords or informal supports.
- (5) No monetary funds may be released to the provider until the work is finished and meets the specifications of the modification agreement. Providers must provide documentation, such as pictures of the completed work and signed releases from the consumer, prior to receiving payment from the Department.
- (6) Providers must include drawings or pictures when possible with all bids of proposed Environmental Modifications.
- (7) Providers must supply a revised bid when requested by designated Central Office staff.
- (8) Providers must submit the final invoice for payment within one year of the date of service.

Stat. Auth.: [ORS 410.070](#)

Stats. Implemented: [ORS 409.050, 410.040, 410.090, 410.210 - 410.300, 441.520](#)

**411-035-0070 Eligibility for Consumer Transition Services** (*Amended 04/03/2015*)

- (1) Eligibility for transition services covered through the K-State Plan are restricted to consumers transitioning from a nursing facility or the Oregon State Hospital, as defined in [OAR 309-091-0005\(16\)](#), into a community-based or in-home program.
- (2) Consumers transitioning from an acute care hospital directly to a community-based or in-home program are not eligible for transition services under this rule.

Stat. Auth.: [ORS 410.070](#)

Stats. Implemented: [ORS 409.050](#), [410.040](#), [410.090](#), [410.210 - 410.300](#), [441.520](#)

**411-035-0075 Eligible Transition Services** (*Amended 10/1/2016*)

(1) Approval for services and supports must:

(a) Be based on an assessed need determined during the person-centered service planning process.

(b) Support the desires and goals of the consumer receiving services and supports.

(2) Total expenses for transition services and supports covered under this rule may be approved from the date of authorization up to 30 days after a consumer discharges from a nursing facility or the Oregon State Hospital on a permanent basis and may include more than one item.

(3) Total purchases for basic household goods and furnishings are limited to one time per year within the first 30 days a consumer discharges from a nursing facility on a permanent basis.

(4) Total purchases for transition services and supports, other than basic household goods and furnishings, are limited to no more than twice annually. To access transition services and supports a second time within a year, the consumer must be transitioning from a nursing facility or the Oregon State Hospital.

(5) Funds must not be used to retroactively reimburse a consumer, natural supports, or community-based care providers for transition service expenses.

(6) Unless indicated in this rule, allowable moving and move-in costs are limited to an in-home setting and include:

(a) Transportation for touring community-based care facilities and in-home service settings.

(b) Housing application fees.

- (c) Payment for background and credit checks related to housing.
- (d) Cleaning deposits.
- (e) Security deposits.
- (f) Initial deposits for heating, lighting, and land line phone service.
- (g) Payment of previous utility bills that prevent a consumer from receiving utility services.
- (h) Cleaning before move-in, is limited to consumers returning to a previous in-home setting and the service is needed to mitigate a health or safety risk.
- (i) Basic household goods.

(A) Including, but not limited to:

- (i) Cookware;
- (ii) Tableware;
- (iii) Garbage cans;
- (iv) Trash bags;
- (v) Toilet paper;
- (vi) Bedding;
- (vii) Linens; or
- (viii) Basic cleaning supplies.

(B) The purchase of basic household goods is not intended to replace useable items already available to the consumer.

(C) Purchases are limited to:

(i) The amount necessary to adequately meet the needs of the consumer, but may not exceed \$500.

(ii) The Department may approve additional household goods if the consumer's functional needs assessment indicates the need for additional household goods beyond the standard limit.

(j) Basic household furnishings.

(A) Including, but not limited to:

(i) Beds;

(ii) Mattresses;

(iii) Dressers;

(iv) Couches;

(v) Tables; or

(vi) Chairs required in an in-home or community-based service setting.

(B) The purchase of basic household goods is not intended to replace useable items already available to the consumer.

(C) Purchases are limited to:

(i) The amount necessary to adequately meet the needs of the consumer and may not exceed \$1,000.

(ii) The Department may approve additional household furnishings if the consumer's functional needs assessment indicates the need for additional household furnishings beyond the standard limit.

(k) Basic food stocking.

(A) Including, but not limited to:

(i) Pantry staples;

(ii) Perishable food items; or

(iii) Canned or boxed foods that meet the basic nutritional needs of a consumer.

(B) The purchase of food items is not intended to replace non-perishable items already available to the consumer.

(i) The purchase of food items must be limited to the amount necessary to adequately meet basic nutritional needs within the transition period and may not exceed \$200.

(ii) The Department may approve additional food stocking if the consumer's functional needs assessment indicates the need for additional food stocking beyond the standard limit.

(C) A consumer's available income and benefits may be used before approving expenses for basic food stocking.

(D) Consumers transitioning to a community-based care setting are not eligible to use funds for basic food stocking.

(I) Clothing that meets the basic needs of a consumer transitioning to a community-based care or in-home service setting.

(A) The purchase of clothing items are not intended to replace useable items already available to the consumer.

(B) A consumer's available income may be used before approving expenses.

(m) Movers and moving expenses, required to transition a consumer to a community-based care or in-home service setting, are limited to \$1,000.

(n) Delivery costs associated with moving a consumer's property from an off-site location to a community-based or in-home setting during the transition.

(o) Extra locks, for security purposes, in a community-based care or in-home service setting.

(p) Duplicate keys in a community-based care or in-home service setting.

(7) The following services and expenses must be pre-authorized by the Department's Central Office:

(a) Purchases that exceed the monetary limits described in this rule.

(b) Approval for expenses that occur greater than 30 days after the transition period.

(c) Items required to re-establish a home not identified in this rule.

(d) Other necessities not identified in this rule that are required for a consumer to transition from a nursing facility or the Oregon State Hospital.

(e) Transportation for community-based service setting tours that require overnight travel.

(f) Payment of past rent or utility bills in which a consumer was more than one month behind.

(g) Transportation costs for the individual to transition from a nursing facility or the state hospital to a home or community-based care setting. This may include attendant services and transportation out of state.



Stat. Auth.: [ORS 410.070](#)

Stats. Implemented: [ORS 409.050](#), [410.040](#), [410.090](#), [410.210 - 410.300](#), [441.520](#)

**411-035-0080 Transition Services Provider Qualifications and Requirements** *(Amended 10/01/2019)*

- (1) Providers of cleaning or moving services must have a distinct Medicaid provider number before providing services.
- (2) Movers must have a certificate of authority or a permit from the Oregon Department of Transportation.
- (3) No monetary funds shall be released to the provider until the work has been completed.
- (4) Providers must supply a revised bid when requested by designated Central Office staff.
- (5) Providers must submit the final invoice for payment within one year of the date of service.

Stat. Auth.: [ORS 410.070](#)

Stats. Implemented: [ORS 409.050](#), [410.040](#), [410.090](#), [410.210 - 410.300](#), [441.520](#)

**411-035-0085 Consumer Eligibility Criteria for Voluntary Consumer Training Services** *(Amended 04/03/2015)*

- (1) To be eligible for K-State Plan Voluntary Consumer Training Services, consumers must be or be expected to, receive services in a setting described in [OAR 411-030-0033](#), In-Home Service Living Arrangement.
- (2) Services are voluntary in nature.
- (3) Services may be provided to designated representatives performing the duties of a consumer-employer on behalf of the consumer.
- (4) Natural supports and designated representatives may receive services in addition to the eligible consumer.

(5) All in-home consumers participating in the Consumer-Employed Provider Program must be offered the voluntary training during the in-home service planning process. Case managers must make a referral to an approved training provider.

Stat. Auth.: [ORS 410.070](#)

Stats. Implemented: [ORS 409.050, 410.040, 410.090, 410.210 - 410.300, 441.520](#)

**411-035-0090 Voluntary Consumer Training Services** (*Adopted 06/04/2014*)

(1) GENERAL GUIDELINES.

- (a) State K-Plan voluntary training services are offered on how to select; manage; and dismiss homecare workers.
- (b) The training must meet the needs of consumers in regards to selecting, managing, and dismissing attendants.
- (c) The training must be provided in a culturally competent manner.

(2) TRAINING PLAN.

- (a) The provider must meet with the consumer to discuss:
  - (A) The consumer's goals;
  - (B) Expected outcomes of the training; and
  - (C) The consumer's on-going in-home service plan.
- (b) The provider must develop a training plan with the consumer or the consumer's designated representative using the principles of person-centered planning which addresses the consumer's specific needs, goals, and desired outcomes. A small group option may be offered, if available.

(c) The provider must provide a copy of the training plan to the consumer or the consumer's designated representative and the consumer's case manager.

(d) The provider must inform the case manager if, after receiving services, a consumer or consumer's designated representative appears unable to assume employer responsibilities as defined in [OAR 411-030-0040](#). The provider must inform the case manager of any issues related to the health and safety of the consumer including, but not limited to, unsafe conditions in the home and suspected abuse.

### (3) TRAINING CONTENT.

(a) The training must offer a continuum of services based on a consumer's needs and preferences.

(b) The training must include, at minimum, the following:

(A) Understanding the service plan and task list;

(B) Creating job descriptions, locating employees, interviewing, completing reference checks, and hiring a homecare worker;

(C) Creating an employment agreement;

(D) Training, supervising, and communicating effectively with employees;

(E) Ensuring work is performed satisfactorily;

(F) Correcting unsatisfactory work performance and discharging unsatisfactory workers;

(G) Scheduling and tracking hours worked and maintaining employment records;

(H) Developing a backup plan for coverage of services; and

(I) Fraud prevention.

#### (4) TIMEFRAMES.

(a) Providers must contact the consumer within 5 working days of receiving a referral from the Department, a designee, or a request from a consumer for services, and offer the choice of a telephone or in-person planning interview.

(b) The provider must perform a planning interview within 10 business days following the acceptance of the consumer's referral unless the consumer requests a later date.

(c) The provider must initiate the individualized training plan within 10 business days of conducting a planning interview.

(d) The provider may offer additional information and support within the parameters of the training plan, but may not assume the role of designated representative by performing tasks that are the responsibility of a consumer-employer.

(e) The provider may periodically contact the consumer or designated representative to determine if additional information and assistance is required.

Stat. Auth.: [ORS 410.070](#)

Stats. Implemented: [ORS 409.050](#), [410.040](#), [410.090](#), [410.210 - 410.300](#), [441.520](#)

#### **411-035-0095 Provider Qualifications and Requirements for Voluntary Consumer Training Services** *(Amended 10/01/2019)*

(1) To ensure services are consistent with the provision of the state's comprehensive voluntary consumer training services, providers must be approved by, or have a contract with, the Oregon Home Care Commission.

(2) Services must be provided by providers who have experience providing direct or educational services to seniors and people with physical disabilities and who:

- (a) Demonstrate knowledge of DHS rules pertaining to in-home services;
- (b) Demonstrate skills in communication, person-centered planning, and in providing individual supports, which are needed to provide the services described in this rule;
- (c) Have fulfilled background check requirements for the programs in which the provider is providing services; and
- (d) Participate in ongoing technical assistance and conferences provided by the Oregon Home Care Commission.

(3) Providers must supply a revised bid when requested by designated Central Office staff.

(4) Providers must submit the final invoice for payment within one year of the date of service.

Stat. Auth.: [ORS 410.070](#)

Stats. Implemented: [ORS 409.050, 410.040, 410.090, 410.210 - 410.300, 441.520](#)